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¶ Court Holds Venereal Disease Regulations Valid—Large Ohio Cities Improve Their Typhoid Standing in 1918—Birth and Infant Mortality Statistics for United States in 1917—Milk Consumer's Responsibility—Publicity Aids Venereal Disease Fight—What Does It Cost to Be Sick?—Dayton's Child Welfare Campaign.

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The Ohio Public Health Journal

VOL. X. JUNE, 1919. No. 6

EDITORIALS

Apply These Questions To Your Community

Under the title "Is Your Community Fit?" the United States Public Health Service has sent out to mayors, chambers of commerce and Red Cross chapters throughout the country an open letter which consists of a series of questions regarding community equipment for promoting the public health. The letter presents clearly the things which a city must do to protect the health of its people. Briefly summarized, the questions asked in the letter are:

(1) Have you a full-time health officer or do you depend for health protection upon a busy doctor employed for part time at a nominal salary?

(2) Do you have definite knowledge of the prevalence of preventable diseases in your community?

(3) Is your town adequately sewered or are there many cesspools and insanitary privies? What is being done to check the breeding of flies and to protect food supplies against flies?

(4) What effort has been made to ascertain whether your milk supply is safe?

(5) How many draft registrants in your community were rejected by examining boards because of tuberculosis? Is a campaign for the relief and prevention of tuberculosis under way? Is provision made for reporting of cases, for instruction of patients who remain in their homes and for hospital care of cases requiring such attention?

(6) Is your community playing its part in the nation-wide campaign against venereal diseases? Has an ordinance been passed giving your health department proper authority in this regard? Are requirements for the reporting of cases and provision for free treatment in existence?

(7) Is malarial fever a health problem in your community? If so are proper restrictive measures being carried out?

(9) Is your town an industrial center? Are workers properly housed and fed? Have working conditions been investigated so as to reduce to a minimum industrial hazards?

(10) Are your schools provided with medical supervision to limit the spread of communicable diseases? Do school children have regular

physical examinations by school physicians? Is there a clinic for treatment of physical defects disclosed by such examinations?

(11) What is being done to protect the babies of your community? Have you a baby health station? Do you supervise the work of midwives? Do you have provision for expectant mothers who need advice and supervision? Do you have nursing service for the instruction of mothers in the care of themselves and their babies?

Every reader of the OHIO PUBLIC HEALTH JOURNAL ought to apply these questions to his own home town. It is safe to say that not more than two or three of the largest cities in Ohio would score 100 percent in such a test. Score your own community on the basis of the test outlined. Then set to work to do what you can to improve the situation. The State Department of Health will be glad to assist you.

* * *

Pure Water Supply Saves 70 Ohio Lives

Striking evidence of the value of a pure water supply to a city is furnished by recent experience in the five cities of East Liverpool, Zanesville, Springfield, Ashtabula and Conneaut. At a conservative estimate, recent improvements in water supplies of these cities prevented seventy cases of typhoid fever from January 1 to June 1 this year. This figure is based upon a comparison of the 1919 total for the five months with the corresponding total for 1918. City by city, the records are as follows:

East Liverpool reported no typhoid cases up to June 1 this year. Last year reports for the corresponding period totaled twelve cases. The city's purification plant began operations in July, 1918.

For Zanesville the 1919 total to June 1 is eleven cases, nine of which occurred before the city's new well water supply, replacing water from the Muskingum River, came into general use about February 1. The other two are believed to have been due to contact infection. Up to June 1, 1918, Zanesville reported thirty typhoid cases.

Springfield reported twenty-seven cases in January, 1918, and none in the next four months. No cases were reported prior to June 1 this year. Treatment of the city water supply with liquid chlorine was begun in February, 1918.

Ashtabula and Conneaut placed their purification plans under expert technical supervision last November. To June 1 this year Conneaut had reported one typhoid case and Ashtabula none. In the first five months of 1918 Conneaut reported eight cases and Ashtabula three.

Is a pure water supply worth what it costs? We leave it to you to answer the question.

The Emergency Water Supply Intake — A Constant Menace

The safety of the public water supplies of many cities and villages in this state is menaced by the existence of emergency intakes. Although the water supply which is regularly used may be obtained from wells or may be adequately purified by filtration, rendering this supply entirely safe for use, the maintenance of an emergency intake for pumping water from a stream to the distributing system introduces a constant possibility that the entire water supply may be dangerously contaminated. The emergency supply may not be used frequently and may be held in reserve to be used only in emergencies arising as a result of fire, but the fact remains that it is an important part of the water supply system and is at all times a potential danger. The principal reason advanced for the maintenance of such emergency intakes is that the regular supply is inadequate or the storage facilities for the regular supply are insufficient to insure an adequate supply for fire protection. Not infrequently, however, an emergency intake is maintained solely for the purpose of giving an added sense of security against fire. The result is, such intakes being available, that they are opened many times when not needed. There is no real justification for the maintenance of emergency intakes in connection with public water supply systems. Such intakes should be abandoned and removed and if necessary to insure an adequate supply for fire protection, the regular supply should be enlarged and improved to meet this demand. It is only by this means that the consumers of the supply can be assured of safe water under all conditions.

The Interstate Quarantine Regulations of the U. S. Public Health Service require that the railroad companies secure certificates for all water supplies used for drinking purposes on passenger trains. The Ohio State Department of Health attends to the issuance of all such certificates to roads operating in this state. As the regulations of the Public Health Service specify that such certificates must attest the safety of all features of the water supply system, it has been impossible to issue certificates for public water supplies with which emergency intakes are connected, regardless of the good quality of the regular supply, or the infrequency with which the emergency supply has been used in the past. It should be noted that the refusal to issue certificates in such cases has resulted in a number of instances in the abandonment and removal of emergency intakes, after which action certificates were granted.

It is the duty of the health officials of every municipality having a public water supply system to inquire into this matter with care and, if an emergency intake is found to exist, to take action to bring about its removal. The assistance of the State Department of Health in bringing about this improvement should be solicited.

The Venereal Disease Regulations Are Upheld

Public health regulations which interfere with the liberties claimed by some persons who are not disposed to govern their conduct according to the demands of the public welfare are frequently attacked in the courts. It was therefore to be expected that the Ohio venereal disease regulations would be thus assailed.

How the attack took place and what were its results are told elsewhere in this magazine. The point of importance is that the court which rendered the decision which we print on another page upheld the regulations, recognizing their quarantine provisions as an entirely reasonable method of restricting the spread of venereal infections.

This decision should encourage local health authorities to extend their activities in this field. Such officials are assured of the strong support of the State Department of Health in all efforts to carry out the program of venereal disease control of which the regulations are the basis.

* * *

Druggists Enlist in Fight Against Venereal Diseases

The State Department of Health takes great pleasure in announcing that 562 of the leading druggists of the State have entered into an agreement by which they will cease selling patent medicines for the treatment of venereal diseases and will give their full co-operation to the program for the eradication of these infections.

Pledge cards sent out by the United States Public Health Service and signed by these druggists bind them not to prescribe or recommend any remedy for a venereal disease, to give to each customer calling for such remedies a circular furnished by the Public Health Service, to direct each such customer to a reputable physician or venereal disease clinic and to refill prescriptions for the treatment of venereal diseases only when presented by the original holder and when the physician giving the prescription is still in charge of the case.

Drug-store prescribing and use of patent medicines, giving the venereal disease patient a false sense of security and preventing competent medical treatment early in the course of the disease, has been an important factor in the high prevalence of the venereal infections. The wiping out of this evil — toward which great progress is made possible by the action of these druggists — will be of great help in the many-sided fight which is being waged against venereal diseases.

The Ohio druggists who have volunteered in this important work deserve great credit for their action, which shows clearly that they put the public welfare above mere financial gain.

Childbirth Mortality Is Far Too High

Childbirth stands second only to tuberculosis as a cause of death among American women between the ages of 15 and 44 years. That statement, vouched for by the United States Children's Bureau, offers food for much thought and should be a ground for energetic action in hundreds of American communities.

That fulfillment of the greatest duty of womanhood should be fraught with such danger is a disgrace to a supposedly progressive people. If the heavy mortality were unpreventable, the loss would be highly regrettable. But with our present knowledge that many of these deaths are due to needless ignorance and carelessness, the heavy annual sacrifice of women on the altar of motherhood is inexcusable.

Practically nothing has been done in most parts of the United States toward reducing the mortality attending childbirth. Year after year has seen the death rates of tuberculosis, diphtheria, typhoid fever and many other diseases steadily falling, but the deaths of mothers in bringing their children into the world have continued unchanged in frequency.

The reduction of the mortality of women in confinement is generally conceded to depend upon two considerations: education of ignorant women who underestimate the danger of childbirth and the need for proper care, and provision of public facilities for better care of women at confinement and during the prenatal period. The educational side of the problem is a matter requiring the careful attention of every health department, state or local; methods must be devised to fit peculiar local situations. Likewise facilities for care of women must be developed; this means largely the establishment of hospital accommodations within the financial reach of the so-called middle classes and provision of necessary clinics. Hospitals are particularly lacking in rural districts, where a high mortality results from difficulties encountered in obtaining proper nursing and medical care. Clinics have done much good in crowded city districts, but this field has been developed to a comparatively slight extent thus far.

Under the local health reorganization which is in prospect for Ohio, adequate nursing service for both rural and urban localities may be expected to improve conditions attendant upon childbirth. The great need for progress in this as yet undeveloped field of public health should be emphasized in all localities and measures undertaken as soon as possible to correct the situation.

Proof That Prophylactic Prevents Blindness

A recent number of the *News Letter,* published by the National Committee for the Prevention of Blindness, presents data concerning the control of ophthalmia neonatorum. Statistics are presented from forty-one schools having classes for the blind. In 1907-1908, 26.6 percent of the children admitted into classes for the blind in schools were afflicted because of ophthalmia neonatorum. In 1912-1913 this had fallen to 22.8 percent and in 1917-1918 to 14.7 percent.

With this decrease in the admissions of children blind from this single cause, it is pointed out that it is undoubtedly due largely to the efforts to prevent inflammation of the eyes of the newborn. The improved standard of obstetric practice by hospitals, physicians and midwives is admitted. State laws, however, demanding the use of a prophylactic treatment may be regarded as the most significant factor.

The most commendable action for the conservation of vision is the elimination of ophthalmia neonatorum, a disease which is readily preventable. Ohio health officers should do all in their power to enforce the State law in regard to the use of a prophylactic in the eyes of newborn babies, and to encourage the observance of this precaution by physicians with whom the law leaves the matter optional.

* * *

Help Uncle Sam Cure His Soldiers

The War Department is giving hospital care to hundreds of men who contracted tuberculosis in the course of their military service and who have a good chance of recovery under continued treatment. Strange as the statement may seem, however, the army authorities are being hampered in this work by the relatives of many of the diseased men.

The interference of these relatives is unintentional. It comes about through their plea to the soldiers to give up treatment, accept discharges and come home. With the war over, they feel that they need not be separated any longer from their sons, husbands and brothers.

The fact that these appeals are based upon love does not lessen their harmfulness. Army men inform us that many men, in answer to such calls, are giving up treatment before it is safe for them to do so and are going home — to die there a little later of tuberculosis which longer treatment might have arrested.

If you have any loved ones in the army tuberculosis hospitals, you will best serve them by encouraging them to stay as long as the army surgeons consider advisable.

Publicity Aids Venereal Disease Fight

By Joseph M. Shapiro, M. D., Director, Bureau of Venereal Diseases, Ohio State Department of Health

THE value of publicity in activities for the control of venereal diseases becomes more evident when one learns of the results obtained through publicity. In one town in Ohio a woman brought her child to the clinic for examination. The child was found to be suffering with a very serious form of eye trouble that was due to syphilitic infection. This woman came to the clinic because, she said, she noticed in the morning paper an article regarding the work of the venereal clinic. The child's vision may be saved and the newspaper reporter will have done a great humanitarian act.

Following a statement in a paper in another town as to the existence and progress of the venereal clinic the needy cases that came to seek advice and treatment were doubled. The clinics in general become a Mecca for a number of suffering individuals who want to be sure that they are either free from the ravages of a disease that they were afflicted with at some time or another, or that they can be cared for and relieved of their misery and also prevented from giving the disease to the future generation. It is often found that these cases seeking advice are usually ones who flock to the quack's office after they have received occasional treatments from reputable private physicians but did not for a number of reasons remain long enough with the physician. A number of patients who attend the clinics are given advice and are referred to reputable physicians if the patients are able to pay.

A number of colleges were visited by a representative of the bureau of venereal diseases and talks given on the campaign against venereal diseases. These talks were often accompanied by showing slides or exhibiting the film "Fit to Win," or Dr. Kleinschmidt's lecture film. In about half of the colleges the audiences were mixed. In the latter cases the subject was most carefully and delicately presented and accompanied with slides. Although the colleges were previously visited by a lecturer through the arrangement of the Commission on Training Camp Activities the heads of the Universities felt that additional work was necessary and gave splendid cooperation in securing audiences. Comments following the lecture were usually of the following type: "This is an unpleasant subject, but we appreciate it very much," or "What a fierce world we are living in," or "Call upon us for anything you may need."

It is interesting to know how villagers receive the lecture on venereal disease. Recently a talk was given in a community house in a town of four hundred population. The women were rather slow in getting to the hall but they finally came and they remarked later they were glad this talk came their way. It was remarkable to see how unhesitatingly two ministers of that town asked questions on the results of venereal diseases in the presence of women members of their congregations.

Court Holds Venereal Disease Regulations Valid

BY a decision of Judge Thomas H. Darby of the Hamilton County Common Pleas Court in a habeas corpus proceeding attacking the constitutionality of the quarantine provisions of the venereal disease regulations of the State Department of Health, these provisions have been held legal.

The petitioner, an alleged prostitute who had been examined as a person reasonably suspected of having a venereal disease and had been quarantined, upon order of the State Commissioner of Health, when she was found infected, asked for her release on the grounds that she was detained upon suspicion, without due process of law, and was deprived of a jury trial. The court held, in dismissing the petition, that health authorities have as clear a right to quarantine a suspected venereal disease carrier as to quarantine a person exposed to smallpox or scarlet fever, and that the question of jury trial was not concerned in the case, as the petitioner was not held on a criminal charge. Judge Darby's decision in full follows:

No. 171,142.

STATE OF OHIO, HAMILTON CO.,

COURT OF COMMON PLEAS.

Ex Parte
Mabel Mason.

OPINION.

DARBY, J.:

Mabel Mason, the petitioner, alleges that she is unlawfully restrained of her liberty by Dr. A. C. Bachmeyer, Superintendent of the Cincinnati General Hospital.

The respondent files his answer admitting the detention of Mabel Mason and justifying it for the following reasons: That she had been admitted to the said hospital upon a quarantine order issued by the health officer of the city of Cincinnati acting under the directions of the State Health Commissioner of Ohio. A copy of the quarantine order of the health officer of Cincinnati is attached to the answer, and sets forth that the respondent was ordered to quarantine the said petitioner by reason of the directions of the Commissioner of Health, and that said petitioner had been found or is reasonably suspected of having a venereal disease. Also attached to the answer is the direction of the State Commissioner of Health to the health officer of Cincinnati directing the quarantine of the petitioner.

The State Department of Health was created by the act of March 31, 1917 (107 Ohio Laws, 522), and has conferred upon it "all the powers and shall perform all the duties now conferred and imposed by law upon the State Board of Health."

The powers of the State Board of Health are set forth in General Code section 1237, as follows:

> The State Board of Health shall have supervision of all matters relating to the preservation of the life and health of the people, and have supreme authority in matters of quarantine which it may declare and enforce when

none exists, and modify, relax or abolish when it has been established. It may make special or standing orders or regulations for preventing the spread of constagious or infectious diseases * * * and for such other sanitary matters as it deems best to control by a general rule; to make and enforce orders in local matters when emergency exists or when the local board of health has neglected or refused to act with sufficient promptness or efficiency, or when such board has not been established as provided by law.

Acting under the authority conferred upon it, the State Department of Health on May 2, 1918, adopted certain rules and regulations for the prevention of venereal diseases. These rules define what are designated as venereal diseases, provide for reports of known or suspected cases of such, for the instruction to patients and investigation of cases by local health officers. Rule V is as follows:

Examination of cases; enforcement. —City, village and township health officers are hereby empowered and directed to make, or cause to be made, such examinations of persons reasonably suspected of having a venereal disease * * * Boards of health and health officers shall co-operate with the proper officials whose duty it is to enforce the laws against prostitution and shall otherwise use every proper means for the repression of prostitution which is hereby declared to be a prolific source of venereal disease.

It was shown upon the hearing that the petitioner is a known and common prostitute, making her livelihood by such practice in the city of Cincinnati, and that she was at the time of the hearing infected with venereal diseases.

Rule VI of the Regulations of the State Board provides as follows:

Quarantine of diseased persons. The health officer, when directed by the State Commissioner of Health, shall immediately institute measures for the protection of other persons from infection by any venereally diseased person, and shall quarantine any person who has, or is reasonably suspected of having a venereal disease, whenever in the opinion of the State Commisisoner of Health, quarantine is necessary for the protection of the public health. In establishing quarantine, the health officer shall designate and define the limits of the area in which the person known to have, or reasonably suspected of having a venereal disease is to be quarantined and no other person other than the attending physician, dentist or necessary attendant shall enter or leave the area of quarantine without the permission of the health officer.

The order of the Health Officer established the quarantine in this case to be that of the area of the Cincinnati General Hospital.

On behalf of the petitioner it is claimed that the provisions authorizing the quarantine and examination provided for by the regulations is in contravention of Article XIV, section 1, of the Constitution of the United States, and also that it violates Article I, section 5, of the constitution of Ohio, which latter provides that the right of trial by jury shall be inviolate.

In Board of Health v. Greenville, 86 O. S., I, the Supreme Court sustained an act authorizing the State Board of Health to require the purification of sewage and public water supplies as a valid and constitutional exercise of the police power of the State. On page 20 of the opinion, the court, speaking of the propriety of declaring a law unconstitutional, uses this language:

A court is not authorized to adjudge a statute unconstitutional where the question of its constitutionality is at all doubtful. The question of the constitutionality of every law being first determined by the legislature, every presumption is in favor of its constitutionality. It must therefore clearly appear that the law is in direct conflict with inhibitions of the constitution before the court will declare it unconstitutional.

Section 1237 heretofore referred to which fixes the general powers and duties of the State Board of Health gives such board and its successor, in matters pertaining to the prevention of the spread of contagious and infectious diseases and quarantine, as broad powers as could be well granted. While the term with reference to quarantine, "supreme authority," is used, that must be understood as meaning supreme legal discretion or authority and not arbitrary power.

The question as to whether or not a jury trial should be required in such case is settled in Prescott v. State, 19 O. S., 184. The statute under consideration in that case authorized a grand jury to commit a youthful offender to the house of refuge or reform farm instead of indicting him and causing his prosecution by the ordinary methods. It was objected in that case that this was violative of the constitution of Ohio and the federal constitution. The court said on page 197:

> The amendment to the constitution referred to has no bearing on the case. That provision does not operate as a limitation of the power of the state governments over their own citizens, but is exclusively a restriction upon federal power. This has been repeatedly decided by the Supreme Court of the United States, and in the late case of *Twitchell* v. *Commonwealth,* 7 Wall., 321, was not regarded as an open question.
>
> The provisions referred to in our state constitution relate to the preservation of the right of trial by jury and the rights of the accused in criminal prosecutions. We do not regard this case as coming within the operation of either of these provisions. It is neither a criminal prosecution nor a proceeding acording to the course of the common law in which the right to a trial by jury is guaranteed.
>
> The proceeding is purely statutory; and the commitment in cases like the present is not designated as a punishment for crime, but to place minors of the description and for the causes specified in the statute under the guardianship of the public authorities named for proper care and discipline.

The next contention of the petitioner is that the regulations authorize her detention if "reasonably suspected of having a venereal disease." It is said that the detention is actual, and that to detain one and deprive him of his liberty, except upon conviction beyond a reasonable doubt, is not authorized by the laws of Ohio. The Supreme Court in the Prescott case, *supra,* has settled the question that matters such as this are not criminal in their nature; and the rule of reasonable doubt, of course, could have no effect. If the State Board has the authority which it has exercised in this case, it would be entirely destructive of its purposes if, before one could be treated and quarantined, there must be positive evidence in somebody's hands that the person is infected with the disease. If one is suspected of the commission of a felony, and there is reasonable ground to believe that he is guilty, an arrest may be made without a warrant. If one is reasonbly suspected of carrying concealed weapons he may be arrested without a warrant, and the arrest is justified if he is found actually to be carrying concealed weapons. . . . Ballard v. State, 43 O. S.

In State v. Racskowski, 86 Conn., 677, there was prosecution for the violation of an order of the health officer quarantining the defendant and her children on account of their supposed infection with scarlatina or scarlet fever. The first syllabus is as follows:

> Before a lawful order of quarantine can be made under General Statutes 2549, the health officer must have a reasonable belief that the person ordered into confinement is inflicted with

a malignant, infectious or contagious disease.

That case is a direct authority for the Department of Health to pass the regulation authorizing the quarantine of persons reasonably suspected of having venereal diseases. In Turner v. Toledo, 15 Cir. Ct., 627, it is held that,

> Boards of Health may, if they think best for the safety of the inhabitants, remove persons who have dangerous diseases to a separate house or confine them to their own. It is unquestionable that the legislature can confer police powers upon public officers for the protection of the public health.

In Staas v. State, 15 Cir. Ct. (N. S.) 189, the syllabus is as follows:

> 1. An ordinance forbidding the sale of milk at retail unless it is contained in sealed glass bottles is not unreasonable in its general operation; and a conviction of violating such ordinance will not be set aside on the ground that some other regulation might better serve the public welfare.
> 2. Nor is authority to pass such an ordinance an unwarranted delegation of legislative power.

In that case the prosecution was for violating a regulation of the Board of Health.

Haverty, et al. v. Bass, 66 Me., 71; Whidden v. Cheever, 69 N. H., 142, and Parker and Worthington on *Public Health and Safety*, section 118, support the general power and authority of local health authorities acting under legislative power to quarantine persons affected or afflicted with a venereal disease or exposed to it.

In line with this general subject are what are known as the vaccination cases, in which the regulations of local school boards forbidding the attendance at public school of children who have not been vaccinated or been properly excused from the same, are sustained. In State ex rel. v. Board of Education, 76 O. S., 297, the Supreme Court of Ohio very definitely sustained the authority of the board of education to pass such regulations, and said:

> 3. Whether a rule or regulation adopted by the Board of Education under favor of the provisions of the above section 3986 is a reasonable rule or regulation is to be judged of in the first instance by the Board of Education; and the courts will not interfere unless it has been clearly shown that there has been an abuse of official discretion.

To the same effect is State Board of Health v. Board of Trustees, 13 Cal. App., 514:

> The regulation in this case is a proper and legal exercise of local police power and not in contravention of U. S. Constitution, Article 14, section 1.

The prevalence of venereal diseases is a fact well known. The spread of these diseases results very largely from prostitution. It is not only the right but the imperative duty of the State to protect the public from such diseases when and as it can. Public prostitution is a wrong in itself. Those who practice it can not complain if the State authorities employ any means, no matter how drastic, to stamp out the spread of disease.

The regulations adopted by the State for the prevention of the spread of those diseases by treatment and cure are a proper exercise of the police power of the State. The petitioner having been shown to be one of the class known as common prostitutes, and being infected with the objectionable disease, is clearly within the regulations; and her detention and quarantine were justified under the ample power conferred by the General Code upon the State Department of Health.

The petition is dismissed.

Large Ohio Cities Improve Typhoid Standing in 1918

OHIO'S largest five cities are credited with high rank in typhoid fever prevention in the annual survey by the *Journal of the American Medical Association* of typhoid death rates in American cities of more than 100,000 population. The report recently issued covers the year 1918.

The rates per 100,000 population of the Ohio cities for 1918 and preceding years are stated as follows:

City	1918	1917	1916	*Average* 1911–15	*Average* 1906–10
Cleveland	4.7	7.1	5.3	10.0	15.7
Cincinnati	4.1	4.1	3.4	7.8	30.1
Columbus	8.9	7.6	13.4	15.8	40.0
Toledo	9.9	9.7	22.9	31.4	37.5
Dayton	6.9	13.7	14.7	14.8	22.5

In the report for 1917 only four of these five cities were in the class with rates under 10 per 100,000, the comment being made that "Dayton seems to have a relatively high rate for a northern city, and does not show as marked improvement in the past two years as do some other cities in this group [of cities from 100,000 to 125,000 population]".

Ohio has two cities — Cincinnati and Cleveland — among those with rates under 5 per 100,000, whereas last year's report included only Cincinnati in this group. Cleveland holds last place among the twenty-two cities in this first-rank group, and Cincinnati stands sixteenth. Cincinnati was eleventh among fourteen cities in the corresponding group of 1917. Although its rate remains the same as in 1917, Cincinnati has dropped from second to fourth place among the cities of from 300,000 to 500,000 population, as a result of improvements in Seattle and Los Angeles. Cleveland, fifth in 1917 among the nine cities with populations in excess of 500,000, is accorded the same rank in the 1918 report.

The other three Ohio cities included in the scope of the report are placed in the second rank — of cities with rates of from 5.0 to 9.9 inclusive. In this group of twenty-two cities Dayton stands eighth, Columbus seventeenth and Toledo twenty-second. In the group of ten cities of from 200,000 to 300,000 population, Columbus stands eighth; it was seventh in 1917. Toledo, tenth in the group of from 125,000 to 200,000, was ninth in 1917. Among the seventeen cities with populations over 100,000 and under 125,000, Dayton rose from thirteenth in 1917 to seventh in 1918.

The report covers sixty cities. In the list as a whole, Cincinnati is sixteenth, Cleveland twenty-second, Dayton thirtieth, Columbus

thirty-ninth and Toledo forty-fourth. The 1918 records of Cleveland and Dayton, it will be noted from the table, are the best in their sanitary history. Columbus and Toledo both had increases but their 1918 rates were still well below those of a few years ago.

The cities in the first-rank class — with rates under 5.0 — number twenty-two in the latest report, as compared with only fourteen the preceding year. This honor roll is as follows:

Chicago	1.4
Lowell, Mass.	1.8
Rochester, N. Y.	1.9
Paterson, N. J.	2.1
Seattle	2.3
Boston	2.5
Cambridge, Mass.	2.7
Los Angeles	2.8
Philadelphia	3.0
Newark, N. J.	3.5
St. Paul	3.5
Springfield, Mass.	3.6
Camden, N. J.	3.6
New York	3.7
Bridgeport, Conn.	3.9
Cincinnati	4.1
Jersey City	4.1
Providence, R. I.	4.5
San Francisco	4.6
Worcester, Mass.	4.6
Oakland, Calif	4.7
Cleveland	4.9

The statewide typhoid death-rate in Ohio for 1918 was 14.7 per 100,000 population. This fact supports the frequently-made assertion that the greatest field for typhoid prevention in Ohio at the present time is in the smaller cities and the rural districts. Supervision of water and food supplies has developed to such an extent in the large centers of population that the danger of typhoid infection is tremendously reduced. The reduction in the less thickly populated areas, however, has been less rapid, and typhoid there continues as a serious menace to health.

FEDERAL INSTRUCTIONS TO TRANSPORTATION AGENTS

The United States Public Health Service has recently issued the following circular in regard to shipment in interstate traffic of articles in an insanitary condition:

"*To transportation agents, shippers, and others concerned.*

"With regard to offering or accepting for shipment in interstate traffic, articles in insanitary condition, it is desired to invite further attention to sections 1, 2, 19 and 21, of the United States Interstate Quarantine Regulations, 1916.

"Sec. 2. Common carriers by land or water, while engaging in interstate commerce between any of the several States or Territories or the District of Columbia, shall maintain at all times in a clean and sanitary condition all cars, vessels, vehicles or conveyances so being operated by them.

"Sec. 19. No person, firm, or corporation shall offer for shipment in interstate traffic, and no common carrier shall accept for shipment, or transport in interstate traffic, any article or thing known to have been exposed to the contagion or infection of any of the diseases enumerated in Sec. 1. * * *

"Sec. 21. Any person or thing either living or dead, which has been exposed to or is infected with any of the diseases enumerated in Sec. 1, if found in any car, vessel, vehicle or conveyance undergoing interstate transportation, shall be subject to such inspection, disinfection, or other measures as may be necessary to prevent the spread of infection from them.

"Articles in insanitary condition are considered as liable to having been so exposed, within the meaning of these Regulations, and the transportation in interstate traffic of articles in such insanitary condition is held to predispose to the interstate spread of disease.

"Therefore articles in insanitary condition shall not be accepted nor offered for transportation in interstate traffic."

Birth and Infant Mortality Statistics for United States in 1917

EXTRACTED FROM PRELIMINARY REPORT OF THE UNITED STATES CENSUS BUREAU

IN the birth-registration area of the United States 1,353,792 infants were born alive in 1917, representing a birth rate of 24.6 per 1,000 of population. The total number of deaths in the same area was 776,222, or 14.1 per 1,000. The births exceeded the deaths by 74.4 per cent. For every state in the registration area, for practically all the cities, and for nearly all the counties, the births exceeded the deaths, in most cases by considerable proportions. The mortality rate for infants under one year of age averaged 93.9 per 1,000 living births. The foregoing are among the facts brought out by the United States Census Bureau's annual compilation of birth statistics.

The birth-registration area, established in 1915, has grown rapidly. It comprised, in 1917, the six New England states, Indiana, Kansas, Kentucky, Maryland, Michigan, Minnesota, New York, North Carolina, Ohio, Pennsylvania, Utah, Virginia, Washington, Wisconsin, and the District of Columbia, and had an estimated population of 55,000,000, or about fifty-three per cent of the estimated total population of the United States in that year.

The birth rate for the entire birth-registration area fell below that for 1916 by two-tenths of one per 1,000 population; but the death rate was less by six-tenths of one per 1,000 than in 1916. Thus the excess of the birth rate over the death rate for 1917, which amounted to 10.5 per 1,000, was somewhat greater than the corresponding excess for 1916, 10.1 per 1,000, although it fell slightly below that for 1915, 10.9 per 1,000. If the birth and death rates prevailing in any one of these three years were to remain unchanged, and if no migration were to take place to or from the area to which they relate, its population would increase at the rate of slightly more than 1 per cent per annum, or a little more than ten per cent in a decade. This would be about half the rate — twenty-one per cent — by which the entire population of the United States increased between 1900 and 1910.

The infant mortality rate — that is, the number of deaths of infants under one year of age per 1,000 born alive — throughout the birth-registration area as a whole was 93.8 in 1917, as against 101 in 1916 and 100 in 1915. This is equivalent to saying that in 1915 and 1916, of every 10 infants born alive one died before reaching the age of one year, whereas in 1917 the corresponding ratio was a trifle more than one in eleven. Among the twenty states these rates ranged from 67.4 for Minnesota to 119.9 for Maryland; and for the white population separately the lowest and the highest rates were 66.3 for Washington and 109.5 for New Hampshire.

The infant mortality rates vary

(*Concluded on page* 238.)

The Milk Consumer's Responsibility

United States Department of Agriculture, Bureau of Animal Industry, Dairy Division, Health Officer Letter No. 26

THIS is the time of year for health officials to warn consumers regarding the care of milk in the home. The responsibility of the dairyman and the health department ceases when the milk has been delivered to the consumer. With an efficient health department, there is a good assurance that the product is safe, clean and pure. It is practically impossible, however, for the board of health to supervise the care of the milk after it reaches the consumer. The housewife must assume responsibility for this. Many complaints of bad milk have been laid at the doors of the producers when housewives themselves were to blame. Some of these were no doubt due to ignorance or carelessness in the handling of the milk after it reached the home. The housewife should know the value of milk and its products as food, the source and record of her milk supply, and the care of milk after it reaches the home. The board of health should be able to inform her regarding the source and quality of the product.

The consumer should accept no system of delivery which does not bring milk into the home in bottles. All other methods of handling and delivery are obsolete and represent ignorance or carelessness on the part of the dairyman.

There are four general conditions to avoid in handling milk in the home:

1. Placing milk in unclean utensils.
2. Exposing milk unnecessarily to the air.
3. Failure to keep milk cold up to time of using.
4. Exposing milk to flies.

Whenever possible milk should be kept in the original container. After the cap on the bottle is removed, another made of paper may be used or the mouth of the bottle may be covered with an invertible drinking glass. The pouring of milk from the bottle to another container, usually not thoroughly clean, means the addition of bacteria and quicker spoilage of the product. Milk should not be poured from the original container unless it is to be used immediately. Exposure of milk to the air means an increase in bacteria and in foreign material. It also means the absorption of odors from unclean refrigerators and from such foods as fish, cabbage, or onions. It is the duty of dairymen to deliver milk cold. Unless the housewife receives the milk personally when delivered, she should have an insulated porch box for holding the milk and keeping it cold. A simple inexpensive arrangement can easily be made by placing a small box or tin pail inside another larger box or pail and filling the space between with sawdust. A tight fitting cover, insulated with newspaper, should be made. Keep the bottle of milk in the refrigerator and remove only for immediate use. Under no circumstances should milk be exposed to flies. The presence of flies in milk not only makes it filthy, but exposes the person who drinks it to the possible danger of contagious disease.

TEN SUGGESTIONS FOR MILK CONSUMERS

Keep Milk Clean, Covered and Cold.

1. Buy only the best milk obtainable. It is cheapest in the long run.

2. Consult the health department before selecting your milk dealer.

3. Buy only bottled milk if possible. Dipped milk is often dirty and deficient in cream.

4. Take milk into the house as soon as delivered, and place it in the refrigerator immediately. Bacteria increase rapidly in milk which stands in the sun or warms up, and such milk will sour quickly.

5. Keep milk in the original bottle in the refrigerator until the moment of serving. Milk which has been poured from the bottle should not be returned to it.

6. Keep the bottle covered with a paper cap or an inverted tumbler, to prevent the entrance of flies and dust, which may carry dangerous bacteria into the milk.

7. Keep the refrigerator clean and sweet by means of proper drainage and frequent washing with scalding water and sal soda, since milk quickly absorbs unpleasant odors and becomes less palpable.

8. Wash milk bottles as soon as emptied, by rinsing first with lukewarm water and then with hot water. If there is an infectious disease in your house, do not return any bottles except with the knowledge of the health department and under conditions which it may prescribe.

9. Return empty bottles promptly, and do not use them for anything except milk. Remember that they are the property of the dealer and represent cash.

10. Remember that clean milk, properly cared for, is one of the best foods obtainable. It is nourishing, digestible, and usually economical.

Keep Milk Clean, Covered and Cold.

What Does It Cost to Be Sick?*

Major Isaac W. Brewer, Medical Corps, United States Army.

THE motto of the New York State Department of Health, written by Dr. Hermann M. Biggs, Commissioner of Health, is "Public health is purchasable. Within natural limitations any community can determine its own death rate." He might well have added "Its own sick rate." However, when it comes to persuading the average American community to expend money for sanitary improvements, it is necessary to have something stronger than the very excellent motto devised by Commissioner Biggs. We all know that it is costly to be sick, yet we all feel that we will be the ones to escape sickness and it is with difficulty that we can find any reliable statistics which will show just what sickness costs the country.

In the annual reports of the Surgeon General of the United States Army we find a great deal of very valuable data bearing upon the health of the soldiers in the army. In interpreting these data one should remember that in peace times our soldiers are carefully selected men living among hygienic surroundings. They are, therefore, somewhat less susceptible to diseases than are male citizens of the same age in civil life. It should also be remembered in considering these statistics that they do not include the sickness of women and children which forms so large a part of the illness in a community.

The following table is constructed from the data published in the annual report of the Surgeon General for the year 1915. It shows the aggregate number of days lost and the average number of days sick for each case of each disease and the approximate loss to the Government for each separate disease. The last column is derived by considering that each man sick was a private soldier in his first enlistment. During the year under consideration, such a soldier received fifty cents per day pay. The table does not include the value of his rations, the cost of his housing, or the cost of the medical attention he received while off duty.

The total loss to the Government amounted to $262,974.50. First on the list appears venereal disease, causing a loss of $81,283.50, an enormous sum when we consider that venereal disease is easily preventable.

Second on the list is tuberculosis, which caused a loss of $30,654.50, a sum of money that could have been much better expended on the prevention of tuberculosis.

Fractures occupy the third place on the list and such should be expected when we consider the large number of men in the Army who have to do with horses. Probably a large number of these fractures occurred among men learning to ride.

Fourth on the list come mental diseases occasioning a loss of $15,273.00. In many instances the soldier was mentally deficient at the time of his enlistment or suffered a recurrence of the disease that had manifested itself prior to his en-

* From *Health News*, New York State Department of Health.

SICKNESS IN THE UNITED STATES ARMY DURING THE YEAR 1915.

	Diseases.	Days Lost.	Average Days.	Pay Lost.
1	Gonorrhea	87,216	14.87	$43,608 00
	Syphilis	45,708	22.95	22,854 00
	Chancroid	29,653	13.57	14,826 50
	Total venereal	162,577	51.39	81,288 50
2	Pulmonary tuberculosis	58,942	197.18	29,471 00
	Tuberculosis of other organs	2,367	81.62	1,183 50
	Total tuberculosis	61,309	278.80	30,654 50
3	Fractures	49,538	41.08	24,269 00
4	Mental diseases	30,546	85.32	15,273 00
5	Appendicitis	21,405	26.26	10,702 50
6	Diseases of the skin	20,220	10.49	10,110 00
7	Bronchitis, acute	18,188	5.74	9,904 00
8	Diseases of the urinary system other than venereal	18,092	19.52	9,046 00
9	Mumps	16,284	17.00	8,142 00
10	Influenza	15,704	4.91	7,852 00
11	Measles	14,244	22.50	7,122 00
12	Rheumatism, articular	13,684	25.25	6,842 00
13	Hernia	12,776	36.19	6,388 00
14	Diseases of the eye	11,686	12.43	5,843 00
15	Malaria	10,270	7.15	5,135 00
16	Diseases of the ear	8,131	13.03	4,065 50
17	Pleurisy	6,884	26.58	3,442 00
18	Diseases of the spinal cord	6,236	52.40	3,118 00
19	Pneumonia	5,986	26.60	2,993 00
20	Dysentery	5,330	29.13	2,665 00
21	Alcoholism	4,274	3.59	2,137 00
22	Scarlatina	1,743	34.86	871 50
23	Meningitis, epidemic cerebrospinal	1,422	5.47	711 00
24	Diphtheria	958	15.71	479 00
25	Trachoma	531	33.40	265 50
26	Typhoid fever	487	69.57	243 50
27	Erysipelas	308	13.39	154 00
28	Smallpox	118	29.50	59 00
29	Sunstroke	24	3.43	12 00

listment. When we consider that, as far as possible, the mental cases were excluded at the original examination, the seriousness of the problem of mental diseases is very apparent. We know that not less than 20 percent of the mentally deficient cases in the United States can be directly traced to venereal diseases. This could be easily eliminated by proper preventive measures.

It has always seemed to the writer that the nation could well afford to spend a large sum of money for the study of mental diseases with a special view to their prevention. The whole question of etiology and heredity should be reconsidered.

Diseases of the upper respiratory tract, represented by bronchitis, mumps, influenza, pneumonia, and cerebro spinal meningitis caused a loss of $35,914.00. These diseases are all preventable, but to prevent them requires the cooperation of a large number of individuals, which is probably, at this time, impossible for us to secure. To put the matter plainer, these diseases

would, to a large extent, be prevented if the American people would refrain from the disgusting habit of coughing in one another's faces.

A surprise in the table is the low rate for alcoholism. Even if we make allowance for the number of diseases which could be traced to indulgence in alcohol, the number is still very small, nor is the rate for the year 1915 exceptional, for there was but little difference during the preceding five years, although there was a gradual fall.

Another gratifying fact as shown by the table is the small loss from typhoid fever. This disease has been practically eliminated from the United States Army by the use of typhoid vaccine. Any community which desires to save the annual cost entailed by typhoid fever has but to apply the methods adopted in the Army.

This table does not tell the entire story of the health in the Army or is it strictly applicable to the health of the civilian population of the country, but it will serve as an indication until such time as Congress shall authorize the publication of the physical findings of the first draft. These findings are in reality a cross section of the male population between the ages of 21 and 31 and, when published, will give most valuable data for a better basis of public health work throughout the country. It is hoped that Congress will authorize this publication at an early date.*

Dayton's Child Welfare Campaign

THE Dayton division of health, in its monthly report of June 1, gives the following account of the successful summer child welfare which was carried on in Dayton in May:

1419 BABIES!!

This number was examined during the opening of the summer child welfare campaign, May 12 to 29, and was just one-third of those eligible, as only children under two years were taken. The number exceeded by 187 those examined in May, 1918. Complete physical examination and mental tests were given, covering in each case, more than 125 points.

Several new features were introduced in the work this year:

1. Motion pictures illustrating steps in the examination were taken during the first day or two, and later shown at various picture houses.

2. Offices were remodeled to provide

(a) Greater privacy during examinations.

(b) Elimination of crowding.
(166 were examined in one day without great crowding.)

3. Preliminary examination and history taking by a trained nurse. By this means several babies with

* This report has been published by the Surgeon General since the appearasce of this article.

possible contagion were discovered and isolated before others could be exposed.

4. Paid clerks were employed; this eliminated delays and inaccuracies which occur when volunteer help is depended upon.

5. Revision of examination chart which also promoted accuracy and eliminated waste of time.

6. All of the above contributed to the possibility of giving more time to each baby. As a result, consultation with the mother regarding conditions found was emphasized.

More physical defects were found this year than formerly. There are two reasons for this: First, the influenza epidemic, which will be discussed later; second, the fact that Dayton mothers have learned the real value of this examination, and instead of bringing their babies to show them off, they hope to learn something of value to the baby. This is by far the greatest factor that emphasizes the worth of this work in the community.

Of course defects were found due to many and various causes. Out of all these causes, two stand out prominently as leading all the others, improper feeding and "influenza." Regarding the latter cause, dozens of babies were examined who had large tonsils, enlarged glands, or were from one to three months backward in general development that gave a history of having had "influenza." There is no doubt that many babies as well as older people are still suffering from the effects of the late epidemic. All, therefore, young as well as old, should have frequent examinations and close observation by physicians to prevent many fatalities occurring from the sequelae of this disease.

In spite of years of publicity in and out of the profession, still the one greatest cause for infant ills and lack of proper development is improper feeding. Hundreds of babies examined show evidences of past or present improper feeding. For children over ten days of age, this is the greatest problem in child welfare work. We emphasized to all the mothers we met, the importance of keeping every baby, no matter how well it seems, in frequent consultation with its doctor.

Emphasis was also given to the following:

1. Mother's milk must always be given when possible, but —

2. Mother's milk is frequently inadequate either in quantity or quality or both. When inadequate, it must be supplemented with — *scarcely ever supplanted by* — artificial feeding. (Many pediatricians recommend that all breast fed babies should have at least one artificial feeding daily.)

3. No artificial food must be given except that prescribed by a doctor, and must be changed only upon his orders.

4. All artificial food formulae must be changed at least once a month.

The greatest value in all this work was not so much the defects that were discovered and the advice which was given to go immediately to the family doctor for remedy; but rather the fact that over 1,400 mothers had an emphatic object lesson in the value of preventive medicine. The medical profession has within its power the prevention of more than fifty per cent of all sickness.

The greatest factor in the future of medicine will be the prevention of disease. Here, one-third of the mothers of Dayton babies were given such an insight into this as could hardly be acquired in any other way. The lesson will be of value to them only in the proportion of cooperation given the work by the medical profession in following it up. If when consulted by these mothers, the doctors will discuss causes of mal-development and emphasize preventive measures and remedies, there will be further reduction here in infant deaths.

Birth and Infant Mortality.

(*Concluded from page* 231.)

greatly for the two sexes and for the various nationalities. The rate for male infants in 1917, 103.7 per 1,000 living births, was nearly 25 per cent greater than that for female infants, which was only 83.3. When the comparison is made on the basis of race or nationality of mother a minimum of 66.2 per 1,000 births is shown for infants with mothers born in Denmark, Norway and Sweden, and a maximum of 172.6 for infants with mothers born in Poland, while for Negro children the rate was 148.6.

A tabulation of the 1917 statistics by states and cities credits Ohio with 120,949 births for the year, making the excess of births over deaths 57.2 percent. For the five largest cities of the State, the birth totals, with the percentages of excess of births over deaths, are stated as follows: Cincinnati, 7,817 births, 14.5 percent excess; Cleveland, 20,274, 87.2 percent; Columbus, 4,398, 30.0 percent; Dayton, 3,311, 61.1 percent; Toledo, 5,684, 59.4 percent.

Ohio ranked eleventh among the twenty-one registration states in infant mortality in 1917, with a rate of 92.1 infant deaths (children under one year old) per 1,000 living births. The ten states with better records than Ohio were: Minnesota 67.4, Washington 69.3, Utah 69.4, Kansas 77.5, Wisconsin 77.8, Vermont 85.0, Indiana 85.8, Kentucky 87.1, Michigan 88.3, New York 91.4.

Cleveland, Dayton and Toledo had infant mortality rates higher than that of the State at large, while Cincinnati and Columbus registered lower rates. The rates of the various cities were: Cincinnati 88.0, Cleveland 108.9, Columbus 87.8, Dayton 96.0, Toledo 95.4.

APRIL NURSING REPORT

Local public health nurses who reported their April activities to Bureau of Public Health Nursing, State Department of Health, made a total of 19,761 home visits and cared for 9,542 patients in April. Toledo's twenty-three nurses led in both number of visits and number of patients, making 6,479 home visits and caring for 4,613 patients. Tuberculosis cases were more numerous than any other class of cases, numbering 3,262. Infant cases stood second, with a total of 2,447.

PAMPHLETS FOR NURSES

R. 1427 — Legal Procedures a Nurse Should Know.

R. 1438 — The Value of the Public Health Nurse to Local Health Authorities.

R. 1615 — Securing and Training Nurses for Rural Communities.

S. R. 108 — Public Health Nursing in Ohio — Oct., 1915.

NEWS OF THE DEPARTMENT

GLEANED FROM DIVISIONAL REPORTS FOR APRIL

DIVISION OF COMMUNICABLE DISEASES

Smallpox outbreaks were investigated in May at Crooksville, in the neighborhood of Perrysville (Ashland County) and in Berne Township, Athens County. At Crooksville failure of several patients to have medical treatment resulted in the exposure of numerous persons. Steps were taken to bring about correction of this situation. In Ashland County it was found that diagnosis of cases as chickenpox had permitted the spread of smallpox; the offending physician was cautioned against repetioion of this action. In the Athens County investigation, made at the request of local health officials, diagnosis of smallpox cases was confirmed. As Ashland County cases investigated this month had been in part traced to a caarrier coming from Mansfield and as other cases previously investigated in Knox and Richland Counties had been traced to the same city, a visit was made to Mansfield with a view of improving the situation. It was found that the cause of the trouble appeared to be the failure of certain physicians to follow up "influenza" cases long enough to see whether there was an eruption.

A diphtheria outbreak at the Athens State Hospital for the Insane was investigated, and carrier infection was found responsible. Throat swabs from all suspected exposures were examined and all positives were ordered isolated.

Reported Cases of Notifiable Diseases in May

PREVALENCE.—In order of greatest reported prevalence during the month of May, the notifiable diseases list as follows, with comparative figures for April given:

DISEASES	REPORTED CASES	
	May	*April*
1. Measles	2,255	1,926
2. Influenza	1,086	7,708
3. Gonorrhea	702	732
4. Scarlet fever	615	648
5. Chickenpox	564	638
6. Mumps	550	561
7. Tuberculosis, all forms	533	527
8. Whooping cough.	446	172
9. Syphilis	439	526
10. Smallpox	396	438
11. Diphtheria	282	296
12. Pneumonia, acute lobar	122	387
13. Pneumonia, broncho	100	244

For no other one notifiable disease was a total of 100 or more cases reported. Out of a total of 7,579 cases of notifiable diseases recorded to June 10, 5,213 cases were reported by cities, sixty-nine percent of the entire amount as compared with 6,745 cases, sixty-one percent of the State total for May, 1917, and 5,883 cases, fifty-two percent of the State total for May, 1918, reported by the same health districts.

MEASLES.—During May, measles was the most prevalent of the notifiable diseases, the number of reported cases having increased twenty percent as compared with April. In spite of this marked increase this month's figure of 2,255

cases is less than half the May average for the years 1914-1918. May reports come principally from the cities, Niles, Akron, Toledo, and Elyria showing the highest morbidity rates. No single rural district reported a total of more than 25 cases of measles.

Influenza and Broncho-Pneumonia. — It is of interest to note the rapidly diminishing prevalence of influenza the past three months. There were reported during March 27,590 cases, during April 7,477 cases, during May 1,086 cases of influenza, indicating diminishing monthly case rates per 1,000 population of 63, 17 and 2, for these months. We note a relative decrease in broncho-pneumonia prevalence for March, April and May, the total number of reported cases during this period by months being as follows: March 672, April 214, May 100.

Scarlet Fever.— Scarlet fever was slightly less prevalent in May than in April and was largely confined to the cities, which reported seventy-six percent of this month's scarlet fever prevalence. Those cities reporting twenty cases or more each are as follows: Cincinnati 149, Toledo 55, Lima 49, Cleveland 38, Akron 33, Columbus 24.

Scarlet fever prevalence for this month is considerably less than the average for May, 1914-1918, which is 738 as compared with 615, the total for May, 1919. Not since 1914 have so few cases of scarlet fever been reported in this State during May.

Venereal Diseases. — A total of 1,162 cases of venereal diseases was reported to the State Department of Health during the month of May. Of this number 707 cases were reported on case history cards to the State Commissioner of Health, and 395 cases were reported by local health officers on May summary cards to the Division of Communicable Diseases. The cases reported are as follows: Gonorrhea 686, syphilis 436, chancroid 21, gonorrhea and chancroid 16, syphilis and chancroid 3.

Smallpox.— Smallpox reports dropped from 403 in April to 396 in May. In view of the fact that many light cases of smallpox have been diagnosed as chickenpox, thereby increasing opportunity of smallpox contagion, health officers have been requested to see that a case history card accompanies each reported case of chikenpox. A case of chickenpox in an adult, being strong evidence of mistaken diagnosis, is always investigated by the State Epidemiologist. The reported total of 396 cases during this month is 155 cases less than the average total for May, 1914-1918. May reports came from forty-two counties. Counties reporting a total of ten or more cases each are as follows: Cuyahoga 61, Lucas 45, Butler 44, Hamilton 35, Perry 20, Montgomery 19, Tuscarawas 13, Jefferson 11, Coshocton, Seneca, Stark and Summit, 10 each.

Typhoid. — This month's reported typhoid fever prevalence of fifty-one cases shows an increase of six cases as compared with that of April, but a decrease of 160 cases as compared with the average for May, 1914-1918. The cities reported thirty-seven cases, or seventy-two percent of the entire prevalence. Wellsville reported nine cases, Columbus six, Cleveland, Ironton, and Warren three each, Bellaire, Sandusky, Cincin-

nati, Akron and Monroe Township, Logan County, two each. The remaining sixteen cases are distributed in fifteen counties.

MENINGITIS, CEREBROSPINAL. — The reported prevalence of meningitis for May is ten cases, two cases less than in April and thirteen cases less than the average for May the past five years. The distribution is as follows: Cleveland 2 cases, Salem, Cincinnati, Alliance, and Akron, one case each, and Richland Township, Fairfield County; Valley Township, Guernsey County; Montville Township, Medina County, and Auglaize Township, Paulding County, one case each.

TABLE I. REPORTED CASES OF NOTIFIABLE DISEASES, OHIO, MAY, 1917-1919, WITH DISTRIBUTION FOR CITIES AND FOR VILLAGES AND TOWNSHIPS, MAY, 1919, AND ANNUAL CASE RATES PER 1000 POPULATION, MAY, 1917-1919.

Disease.	May, 1919.			May, 1918.	May, 1917.	May Case Rates per 1000 population.		
	Cities.	Villages and Townships.	Total.			1919.	1918.	1917.
All notifiable diseases ..	5,213	2,465	7,678	11,345	10,919	1.443	2.156	2.096
Chickenpox	420	144	564	633	584	.106	.120	.112
Diphtheria	227	55	282	333	579	.053	.063	.111
Gonorrhea	251	24	275	358	115	.052	.068	.022
*Influenza	510	576	1,086	*	*	.204	*	*
Measles	1,666	589	2,255	2,750	4,523	.424	.523	.868
Measles, German	7	43	50	1,660	789	.009	.315	.151
Meningitis, cerebrospinal	6	4	10	23	114	.002	.004	.022
Mumps	144	406	550	966	353	.103	.184	.068
Ophthalmia neonatorum.	96	3	99	134	136	.019	.025	.026
Pneumonia, acute lobar.	92	29	121	238	327	.023	.045	.063
*Pneumonia, broncho...	62	38	100	*	*	.019	*	*
Poliomyelitis	1	1	2	6	20	.000	.001	.004
Scarlet fever	467	148	615	701	1,147	.116	.133	.220
Smallpox	228	168	396	1,214	516	.074	.231	.099
Syphilis	176	3	179	147	72	.034	.028	.014
Trachoma	11	.....	11	22	28	.002	.004	.005
Tuberculosis, all forms..	473	60	533	656	664	.100	.125	.127
Typhoid fever	37	14	51	122	172	.010	.023	.033
Whooping couph	304	142	446	1,341	738	.084	.255	.142
Other notifiable diseases	35	18	53	41	42	.010	.008	.008

*Not notifiable until October 11, 1918.

TABLE II.—REPORTED CASES, TEN NOTIFIABLE DISEASES, WITH CASE RATES PER 1,000 POPULATION, OHIO CITIES, MAY, 1919.

City.	Total Case Rates per 1,000 Population.	Total Reported Cases.	Diphtheria.	Measles.	Meningitis, Cerebrospinal.	Pneumonia, Acute Lobar.	Poliomyelitis.	Scarlet Fever.	Smallpox.	Tuberculosis, All Forms.	Typhoid Fever.	Whooping Cough.
Total	1.155	3,501	227	1,666	6	92	1	467	228	473	37	304
Akron	4.213	383	17	212	1	3	....	33	8	44	2	63
Alliance	.480	10	1	.....	1	....	....	....	5	3	....	....
Ashland	.428	4	....	1	....	....	....	....	2	1	....	....
Ashtabula	1.032	24	2	.....	....	....	....	20	....	2	....	....
Barberton	1.065	15	2	3	....	....	....	8	....	1	1	....
Bellaire	.567	9	....	6	....	....	....	....	....	....	2	1
Bellefontaine	.618	6	....	5	....	....	....	....	....	1	....	....
Bellevue	.480	3	....	.....	....	....	....	2	....	1	....	....
Bowling Green	.744	4	....	1	....	....	....	3	....	....	....	....
Bucyrus	.104	1	....	.....	....	....	....	....	....	1	....	....
Cambridge	.350	5	1	.....	....	....	....	....	....	3	1	....
Canton	.546	39	....	30	....	....	....	3	1	4	....	1
Chillicothe	.682	11	2	.....	....	....	....	8	1	....	....	....
Cincinnati	.936	468	34	154	1	....	....	149	20	90	2	18
Circleville	.148	1	1	.....	....	....	....	....	....	....	....	....
Cleveland	.804	804	80	351	2	73	....	38	60	180	3	17
Columbus	.440	110	12	32	....	....	1	24	5	30	6	....
Conneaut	.424	4	4	.....	....	....	....	....	....	....	....	....
Coshocton	.720	9	....	.....	....	....	....	....	8	1	....	....
Dayton	.354	59	11	21	....	2	....	7	1	13	....	4
Defiance	.408	3	....	.....	....	2	....	....	....	1	....	....
Delaware	.198	2	....	.....	....	....	....	....	....	2	....	....
Delphos	.905	5	....	1	....	....	....	4	....	....	....	....
East Cleveland	.462	7	....	2	....	....	....	5	....	....	....	....
Elyria	2.009	41	3	34	....	1	....	....	2	1	....	....
Findlay	6.030	90	....	88	....	....	....	....	....	2	....	....
Fostoria	.356	4	....	2	....	....	....	1	....	1	....	....
Fremont	1.089	11	5	3	....	....	....	....	....	1	1	1
Galion	.973	7	4	.....	....	1	....	....	....	2	....	....
Greenville	.144	1	....	.....	....	....	....	....	....	1	....	....
Hamilton	.792	36	2	.....	....	....	....	1	30	3	....	....
Ironton	.910	13	....	.....	....	1	....	2	....	2	3	5
Jackson	.644	4	3	.....	..	....	....	....	....	1	....	....
Kenton	.266	2	....	2	....	....	....	....	....	....	....	....
Lakewood	.960	16	5	2	....	2	....	4	....	3	....	....
Lancaster	1.121	19	....	8	....	....	....	7	....	4	....	....
Lima	5.820	194	5	137	....	....	....	49	....	1	....	2
Lorain	.240	10	2	5	....	1	....	1	....	1	....	....
Mansfield	.168	4	1	1	....	....	....	1	....	1	....	....
Marion	.533	13	1	1	....	....	....	7	2	2	....	....
Martins Ferry	.192	2	....	.....	....	....	....	....	....	2	....	....
Massillon	.080	2	1	1	....	....	....	....	....	....	....	....
Middletown	.840	14	....	.....	....	....	....	....	4	2	....	8
Mt. Vernon	.088	1	....	.....	....	....	....	1	....	....	....	....
Nelsonville	.300	2	1	.....	....	....	....	....	....	....	1	....
Newark	.093	3	1	.....	....	....	....	2	....	....	....	....
Niles	3.068	26	....	25	....	1	....	....	....	....	....	....

TABLE II.—REPORTED CASES, TEN NOTIFIABLE DISEASES, WITH CASE RATES PER 1,000 POPULATION, OHIO CITIES, MAY, 1919—Concluded.

City.	Total Case Rates per 1,000 Population.	Total Reported Cases.	Diphtheria.	Measles.	Meningitis, Cerebrospinal.	Pneumonia, Acute Lobar.	Poliomyelitis.	Scarlet Fever.	Smallpox.	Tuberculosis, All Forms.	Typhoid Fever.	Whooping Cough.
Norwalk	.348	3	....	1	....	....	....	....	....	2	....	....
Norwood	1.280	32	....	28	....	....	....	1	....	1	....	2
Painesville	.672	4	....	....	....	....	....	3	1	....	....	....
Piqua	.138	2	1	....	....	....	....	1	....	....	....	....
Portsmouth	.385	11	2	....	....	....	....	....	7	2	....	....
Ravenna	.612	4	....	....	....	....	....	1	3	....	....	....
St. Bernard	.308	2	....	....	....	....	....	2	....	....	....	....
St. Marys	.164	1	....	....	....	....	....	1	....	....	....	....
Salem	.588	6	1	2	1	....	....	....	....	1	....	1
Sandusky	.588	12	2	2	....	....	....	....	....	6	2	....
Sidney	.804	6	1	....	....	....	....	....	4	1	....	....
Springfield	1.188	66	1	56	....	....	....	2	2	4	....	1
Steubenville	.330	10	1	....	....	....	....	....	6	3	....	....
Tiffin	.702	9	1	....	....	....	....	2	4	2	....	....
Toledo	3.585	717	14	387	....	4	....	55	43	36	1	177
Troy	.314	2	....	....	....	....	....	....	2	....	....	....
Urbana	.348	3	....	....	....	1	....	....	....	2	....	....
Van Wert	5.888	46	....	40	....	....	....	....	3	....	....	3
Wapakoneta	.300	2	....	....	....	....	....	2	....	....	....	....
Warren	2.294	31	....	20	....	....	....	5	1	2	3	....
Washington C. H.	1.380	12	....	2	....	....	....	10	....	....	....	....
Wellsville	.972	9	....	....	....	....	....	....	....	....	9	....
Wooster	.334	2	1	....	....	....	....	1	....	....	....	....
Xenia	.115	1	1	....	....	....	....	....	....	....	....	....
Zanesville	.217	7	....	....	....	....	....	1	3	3	....	....

NOTE.—Omission of certain cities from this table is due to the following reasons: Athens, Gallipolis and Wellston reported no cases of the diseases listed; Dover, East Liverpool, Marietta, New Philadelphia and Youngstown failed to submit their summary reports in time for publication.

DIVISION OF INDUSTRIAL HYGIENE

CONSULTING SERVICES of the Division have included the following: Lead poisoning among potters; medical supervision in steel plant, bathing facilities in industrial establishments, physical examination records, inauguration of reference library, organization of Ohio industrial physicians, furunculosis among machinists, child welfare with W. M. Hinkle of U. S. Children's Bureau, appraisal of Framingham Tuberculosis Demonstration, health insurance bill before Ohio Legislature, infections in the packing industry, applicants for positions and positions for applicants, lead poisoning, brass poisoning, and requests to fill positions.

INVESTIGATIVE WORK has included: Distribution of acute,

chronic, and tentative lead poisoning by age, sex, length of exposure, and occupation in Ohio pottery centers other than East Liverpool as well as for the State at large; medical supervision in steel plant; sickness and accident records in automobile factory; medical supervision in arsenate of lead factory; meeting of National Association of Employment Managers; state lighting codes, and information concerning number of coal mine inspectors and their salaries in various states.

PUBLICITY FEATURES have included: The distribution of educational pamphlets and report forms; twenty-two industrial hygiene abstracts for *American Journal of Public Health;* preparation of articles on lead poisoning and brass poisoning for *Modern Medicine;* completion of articles on health status of coal miners for *Modern Medicine* and *Journal of Industrial Hygiene,* and the continued instruction of fifty-eight O. S. U. students in the theory of industrial hygiene.

OCCUPATIONAL DISEASES reported to the Division were: Lead poisoning, one case; arsenic poisoning, one case; incomplete reports have recorded 144 cases of tuberculosis among industrial workers.

DIVISION OF SANITARY ENGINEERING

Important activities of the Division of Sanitary Engineering in May included the following:

The village of Bryan has found it necessary to improve its water works system and has submitted plans providing for additional wells and a reservoir for storing the supply. These improvements will render the water works system adequate to meet all demands.

The recently incorporated village, Silver Lake, located a few miles north of Akron, proposes to develop complete sanitary improvements, including a public water supply and systems of sanitary and storm water sewers. Plans for the sewerage improvements have been submitted and investigations of the water supply have been made.

The village of Barnesville, which has been greatly in need of sewers for a number of years, has taken steps which will probably lead to the early installation of these improvements. General plans for a complete system of sanitary sewers have been prepared and submitted to the State Department of Health.

The city of Newark has received from its consulting engineers a report and general plans providing for the installation of a softening and filtration plant for the improvement of the public water supply. These plans have been submitted to the State Department of Health.

The growth of the city of Bellevue has required enlargement of the water supply system and the city has presented plans for the construction of a new storage reservoir which will double the reservoir capacity and will render possible the delivery of a supply adequate to meet all demands. Plans for these improvements have been submitted to the State Department of Health.

The city of Cleveland has submitted detail plans providing for a sewage treatment plant to be con-

structed at the West 58th Street site for the treatment of the sewage from the westerly district of the city. This plant, which is designed for a population of 288,000 and will cost approximately $700,000, will consist of racks, grit chambers, two-story settling tanks, disinfection equipment, and equipment for handling and disposing of the solid matter removed by the screens, grit chambers and tanks.

DIVISION OF PUBLIC HEALTH EDUCATION AND TUBERCULOSIS

Miss Helena R. Stewart resigned May 31 from her position as Director of Public Health Nursing Service in the State Department of Health.

A temporary tuberculosis hospital district organization was effected May 10 by Licking, Fairfield and Muskingum counties, and a meeting of the temporary board, at which Perry County was also represented, was held May 29.

Sanitary surveys were made by representatives of the Division in Hamilton and Coshocton in May, at the request of local organizations.

A system of following up positive sputum reports made by the Division of Laboratories, with a view to obtaining the corresponding tuberculosis case reports, was reported upon in May, after it had been in effect seven months. It was found that the form letters sent out under this plan had resulted in reports of seventy-seven percent of the cases involved, whereas without follow-up work only about twenty percent would have been reported, according to past experience. It is felt that the work will be especially valuable as a means of educating physicians in the reporting of tuberculosis cases.

A similar system of following up reports of tuberculosis hospital admissions was inaugurated in May.

Local public health nurses appointed in May include: Miss Winn, Willard; Miss Pearl Hart, Cuyahoga Falls, succeeding Miss Lela Grey Goddard, now supervising nurse in Canton; Miss Viola T. Robinson, supervising nurse, Springfield; Miss Dot Sterling, school nurse, Fostoria.

There were reported in May 141 cases of inflamation of the eyes of the newborn, classified as follows: By color, white 129, colored 10, unknown 2; by sex, male 70, female 68, unknown 3; by source of report, reported by physicians 33, by midwives 25, by nurses 19, by institutions 61, by two physicians 2, by laymen 2. Instructions were wired to health officers in one case, one case was provided with nursing care and four cases were provided with nursing care.

Notifications of tuberculosis hospital admissions and discharges received in May are summarized in the following table:

Institutions	*Patients Reported*	*Admissions*	*Discharges*
Ohio State San.	98	47	47
Butler Co. San.	1	1	..
Fr'kln Co. San.	46	24	24
Lucas Co. T. H.	34	23	15
Dayton Dis. Hs.	25	13	15
Lima Dis. Hos.	9	5	5
Sp'fld Dis. Hos	21	8	13
Sp'fld Lake San	50	25	34
Mt. Logan San	5	1	4
Rocky Glen San.	..	..	..
St. Anthony's H	10	8	4
Total.....	294	155	161

These 316 notifications and the thirty-four which were pending May 1 were disposed of as follows: Referred to local public health nurses 236, investigated by Division nurses 40, referred to other states 2, histories unobtainable 31, remaining pending June 1, 41.

Notifications of discharged tuberculous soldiers received in May, with totals since the beginning of this work, are summarized as follows:

	May	*Total*
Notifications received....	5	919
Referred to public health nurses	3	619
Reported by public health nurses	8	367
Cases written directly...	2	294
Replies received	0	71
Cases visited by Division nurses	1	289
Cases admitted to sanatoria	1	50
Cases not found.....	3	150
Cases not heard from....	5	106

DIVISION OF LABORATORIES

The Division made 2,879 examinations in May, of which 2,498 were bacteriological and 381 were chemical. The bacteriological examinations, with their results, were as follows:

Tuberculosis, pos. 109, neg. 349..	458
Diphtheria, pos. 31, neg. 330, susp. 6, no growth 8.....	375
Typhoid, pos. 13, neg. 31, susp. 1	45
Wassermann, pos. 363, neg. 989, unsatis. 87	1,439
Gonorrhea, pos. 18, neg. 29, unsatis. 4	51
Malaria, pos. 1, neg. 1.....	2
Rabies, pos. 12, neg. 9, unsatis. 1	22
Water	83
Miscellaneous	23

Of the Wassermann examinations reported, 249 were made for venereal disease clinics, 576 for institutions and 614 for private physicians.

Outfits were distributed in the following quantities: tuberculosis 761, diphtheria 621, typhoid 255, Wassermann 2,458, gonorrhea 130, malaria 58, feces 2, miscellaneous 3, triple typhoid vaccine 84, chemical water 10, bacterial water 130, ophthalmia 6,307; total, 10,819.

The chemical samples examined included 60 foods and 18 drugs. Reports on the foods were: satisfactory 26, misbranded 2 (one each of egg substitute and vinegar), adulterated 19 (hamburger 3, lemon extract 1, milk 9, miscellaneous 1, oleomargarine 2, syrup 1, vanilla extract 1, vinegar 1), insufficient information 13. The drugs were reported as follows: satisfactory 11, misbranded 3 (ammonia 1, miscellaneous 2), adulterated 2 (phenolphthalein 1, proprietary 1), insufficient information 2.

BUREAU OF PUBLICITY

Sixteen publicity stories were issued during May, thirteen of these, released through the weekly News Letter, were published in 100 papers in 81 communities in 58 counties, attaining a total of 3,008,851 printed copies, an average of 231,450 per story.

New publications received from the printer in May included: Administrative Bulletin 131, "Publications of the State Department of Health"; A. B. 128, "Regulations for the Prevention of Venereal Diseases"; Health Education Bulletin 124 (third edition), "Some Things a Young Man Should Know About Sex and Sex Diseases"; H. E. B. 125, "How Any Boy Can Develop His Health

and Strength"; H. E. B. 126, "Instructing Your Child in the Facts of Sex"; H. E. B. 127, "On Guard." The total of publications distributed in May was 78,736 copies.

Copy was prepared for the OHIO PUBLIC HEALTH JOURNAL, Volume X, No. 5 (May, 1919). Names added to the JOURNAL mailing list totaled 123; sixty-six were dropped.

Twenty-three books and pamphlets were added to the Department Library in May.

DIVISION OF PLUMBING

The Division's representatives made seventy-eight inspections in May. Twenty-six conferences were held. Investigations totaled thirty-one. Eight sets of plans were approved and fifty-one certificates of approval were issued. Collections for the mouth amouted to $307.25.

INFORMATIVE PAMPHLETS ABOUT DISEASES

H. E. B. 103—Smallpox; Its Restriction and Prevention.
H. E. B. 106—Typhoid Fever and Its Prevention.
H. E. B. 107—Whooping Cough; Its Prevention and Restriction.
H. E. B. 108—Diphtheria and Membranous Croup.
H. E. B. 115—The House Fly—Carrier of Disease.
H. E. B. 120—Scarlet Fever—Its Restrction and Prevention.
H. E. B. 121—Acute Poliomyelitis—Its Restriction and Prevention.
E. C. 117—Influenza: How to Avoid It; How to Care for Those Who Have it. (Poster.)
E. C. 118—Same. (Pocket-size folder.)
E. C. 120—Rabies.

Any of these publications can be obtained free from the State Department of Health, Columbus, Ohio. Refer to them by number.

PUBLIC HEALTH NOTES FROM OVER THE STATE

Punished for Breaking V. D. Rule

A successful prosecution was brought about by Akron health authorities in the case of a patient of the venereal disease clinic who disobeyed the section of the venereal disease regulations forbidding exposure of another person to infection. The patient admitted that he had disobeyed the rule, which had been explained to him at the beginning of his period of treatment, but argued that Dr. M. D. Miller, director of the clinic, was treating him and therefore ought not to have prosecuted him. The judge's reply was that he would run Dr. Miller out of town if he neglected his duty by failing to prosecute such offenders.

Wells Found Polluted

Examination of water from private wells in Elyria resulted in the finding of several instances of contamination. The city chemist urged all owners of wells to bring in samples of water for free examination.

Canton Looks After Babies

An infant welfare station with a staff of six nurses has been opened in Canton. Its services are available for an hour on each of two afternoons a week. The Canton nurses had seventy-five babies under their care early in June.

VIEWS OF THE PRESS ON PUBLIC HEALTH

Dayton's Splendid Record

Dayton's response to the infant welfare campaign of last week has been so great that those in charge of the movement have determined to continue baby-scoring all through this week in order that every mother in Dayton will have a full chance to bring her baby to the experts who will examine it and give instruction for its care. Health Commissioner Peters, Miss Elizabeth Holt, superintendent of visiting nurses, and the physicians and nurses who have been taking part in the baby scoring are pleased, not only with the heartiness of the response, but by the high percentage maintained by the babies examined.

It is well that Dayton should evince this interest, for it is in keeping with the interest that is taken in infant welfare throughout Ohio. Weighing and measuring tests for children were held in 16,811 communities during the campaign recently instituted by the national children's bureau. This is one-third of the total communities listed as having postoffices. Fgures compiled from these reports show that Ohio had 944 communities in which babies were scored, ranking fourth among all the states in the union. No statistics are available to show how Dayton ranked in comparison with the rest of the state.

Illinois had the largest number of communities participating in the campaign, totalling 1,261. Wisconsin had the largest number of babies weighed but her returns came from 1,065 communities and as Iowa had 1,212, Wisconsin ranked third. Indiana was fifth, with 786. The universal interest being taken in infant welfare is shown in the fact that three distant cities of Hawaii, Honolulu, Kakuku and Tora participated.—Dayton *Herald.*

Health Code Violators

The successful prosecution of a violator of the health code in the mayor's court is indicative of a new era in municipal sanitation. The members of the board of health are adopting the effective masure of the court-room where repeated warnings fail to remedy an evil that menaces the health of the community. There is no excuse for insanitary conditions in the city. The sewerage system is in working order and easy of access. That the lives of hundreds should be imperiled by the desire of a property owner to postpone the expense of an installation which must come is ridiculous. The present prosecution should serve as an example. The citizens are not going to tolerate any lax conditions whereby precious lives may be lost.—East Palestine *Leader.*

DISEASES NOTIFIABLE IN OHIO.

Report cases or suspected cases of the following diseases to the health officer having jurisdiction.

NOTIFIABLE INFECTIOUS DISEASES OF COMMON OCCURRENCE.

Chancroid.
Chickenpox.
Diphtheria and Membranous Croup.
Gonorrhea.
Influenza.
Measles.
Measles, German.
Meningitis, Epidemic Cerebrospinal.
Mumps.
Ophthalmia Neonatorum.
Pneumonia, Lobar.
Pneumonia, Broncho.
Poliomyelitis, acute infectious, (Infantile Paralysis).
Scarlet Fever.
Smallpox.
Syphilis.
Trachoma.
Tuberculosis, all forms, the organ or part affected to be specified.
Typhoid Fever.
Whooping Cough.

OTHER NOTIFIABLE INFECTIOUS DISEASES.

Actinomycosis.
Anthrax, human.
Cholera, Asiatic, (cholera nostras when Asiatic cholera is present or threatened).
Continued fever lasting seven days.
Dengue.
Dysentery:
a. Amebic.
b. Bacillary.
Favus.
Glanders, human.
Hookworm Disease.
Leprosy.
Malaria.
Paragonimiasis.
Paratyphoid Fever.
Plague.
Rabies, human.
Rocky Mountain spotted, or tick fever.
Septic sore throat.
Tetanus.
Trichinosis.
Typhus Fever.
Yellow Fever.

OCCUPATIONAL DISEASES AND DISABILITIES.

Anilin Poisoning.
Arsenic Poisoning.
Benzine (Gasoline) Poisoning.
Benzol Poisoning.
Bisulphide of Carbon Poisoning.
Brass Poisoning.
Carbon Monoxide Poisoning.
Compressed-air Illness.
Dinitrobenzine Poisoning.
Lead Poisoning.
Mercury Poisoning.
Naphtha Poisoning.
Natural Gas Poisoning.
Phosphorus Poisoning.
Turpentine Poisoning.
Wood Alcohol Poisoning.

Any other diseases or disability contracted as a result of the nature of the person's employment.

DISEASES OF UNKNOWN ORIGIN.

Cancer.
Pellagra.

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